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35 Number of Pages (including this page)

Date: October 25, 2004

To: Examiner Torres, J. – Group 2631

Location: United States Patent and Trademark Office

Fax No.: 703-872-9306

From: Steven A. May (Registration No. 44,912)

Subject: Serial No. 09/871,833 –Agami et al.

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MESSAGE:

Enclosed herewith, please find a RESPONSE Office Action and REFORMATTED SPECIFICATION for filing in the below-identified application.

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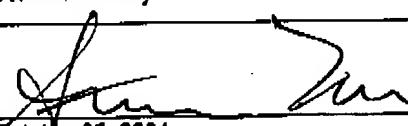
EXAMINER:	Torres, J.
GROUP ART UNIT:	2631
SERIAL NO.:	09/871,833
FILED:	June 1, 2001
INVENTOR:	Agami et al.
ATTORNEY DOCKET NO.:	CE08653R

PTO/SB/21 (08-00)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/871,833
		Filing Date	June 1, 2001
		First Named Inventor	Agami et al.
		Group Art Unit	2631
		Examiner Name	Torres, J.
Total Number of Pages in this Submission	4	Attorney Docket Number	CE08653R

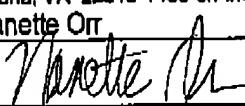
ENCLOSURES		
(check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Transmittal of Formal Drawings <input type="checkbox"/> Response to Notice of Non- Recordation of Document <hr/> <small>Remarks</small>

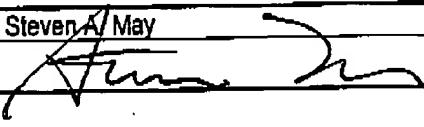
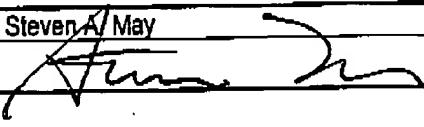
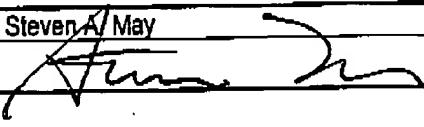
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Steven A. May	Registration No.	44,912
Signature			
Date	October 25, 2004		

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number 703-8742-9306 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:

Typed or printed name	Nanette Orr
Signature	
Date	October 25, 2004

<p style="text-align: center;">FEE TRANSMITTAL</p> <p>Patent fees are subject to annual revision</p>				<i>Complete if Known</i>																																																																																																																																																																																																										
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<p>METHOD OF PAYMENT</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number 50-2117</p> <p>Deposit Account Name Motorola, Inc.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>FEE CALCULATION (continued)</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>																																																																																																																																																																																																										
<p>FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Entity Fee Code</th> <th>Small Entity Fee Code (\$)</th> <th>Entity Fee (\$)</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>760</td> <td>2001</td> <td>375</td> <td>Utility filing fee</td> </tr> <tr> <td>1002</td> <td>330</td> <td>2002</td> <td>185</td> <td>Design filing fee</td> </tr> <tr> <td>1003</td> <td>520</td> <td>2003</td> <td>280</td> <td>Plant filing fee</td> </tr> <tr> <td>1004</td> <td>760</td> <td>2004</td> <td>375</td> <td>Reissue filing fee</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> </tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (1) (\$ 0.00)</p> <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Previously Paid^{**}</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td><input type="checkbox"/> - <input type="checkbox"/> 20</td> <td>= <input type="checkbox"/></td> <td>X <input type="checkbox"/> 18</td> <td>= <input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent</td> <td><input type="checkbox"/> - <input type="checkbox"/> 9</td> <td>= <input type="checkbox"/></td> <td>X <input type="checkbox"/> 84</td> <td>= <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">280</td> <td>= <input type="checkbox"/></td> </tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (2) (\$ 0.00)</p> <p>*OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE. **For Reissues, see above</p> <p>SUBMITTED BY</p> <table border="1"> <tr> <td>Name (Print/Type)</td> <td>Steven A. May</td> </tr> <tr> <td>Signature</td> <td></td> </tr> </table>				Large Entity Fee Code (\$)	Entity Fee Code	Small Entity Fee Code (\$)	Entity Fee (\$)	Fee Paid	1001	760	2001	375	Utility filing fee	1002	330	2002	185	Design filing fee	1003	520	2003	280	Plant filing fee	1004	760	2004	375	Reissue filing fee	1005	160	2005	80	Provisional filing fee	Total Claims	Previously Paid ^{**}	Extra Claims	Fee from below	Fee Paid	Independent Claims	<input type="checkbox"/> - <input type="checkbox"/> 20	= <input type="checkbox"/>	X <input type="checkbox"/> 18	= <input type="checkbox"/>	Multiple Dependent	<input type="checkbox"/> - <input type="checkbox"/> 9	= <input type="checkbox"/>	X <input type="checkbox"/> 84	= <input type="checkbox"/>				280	= <input type="checkbox"/>	Name (Print/Type)	Steven A. May	Signature		<p>3. 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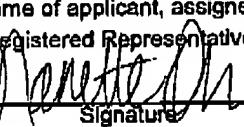
FILED: 06/01/01

CASE NO.: CE08653R

ENTITLED: METHOD AND APPARATUS FOR ADAPTIVE SIGNALING IN A
QAM COMMUNICATION SYSTEM

Motorola, Inc.
Corporate Offices
1303 E. Algonquin Road
Schaumburg, IL 60196
October 25, 2004

AMENDMENT AND RESPONSE

Certificate of Transmission under 37 CFR 1.8	
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.	
on	October 25, 2004
Motorola, Inc.	Date
Name of applicant, assignee, or Registered Representative	
	
Signature	

Mail Stop Amendment
Commissioner of Patents
P.O. Box 1450
Alexandria, Va. 22313-1450

Commissioner:

In response to an Office Action dated October 18, 2004, the applicants hereby
respectfully submit the following amendment and response.